

State of California  
**MAINTENANCE GARDENER PEST CONTROL  
BUSINESS LICENSE APPLICATION PACKET**  
PR-PML-004 (EST 11/01)

**Department of Pesticide Regulation**  
Pest Management and Licensing Branch  
Licensing and Certification Program  
1001 I Street  
Sacramento, California 95814-2828  
Phone: (916) 445-4038 Fax: (916) 445-4033  
Web site: <http://www.cdpr.ca.gov>

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## General Instructions

Maintenance gardeners performing pest control incidental to their gardening business should obtain a **Maintenance Gardener Pest Control Business License**. The Maintenance Gardener Pest Control Business License Application Packet includes the following: (1) Maintenance Gardener Pest Control Business License Application; (2) Supplemental Application Information for Maintenance Gardener Pest Control Business License; (3) Financial Responsibility Options; (4) Liability Certification Statement; (5) Certificate of Insurance; and (6) Certificate of Insurance Requirements Statement.

Businesses performing strictly structural pest control for hire are licensed by the Department of Consumer Affairs, Structural Pest Control Board and are exempt from the Pest Control Business License. However, a Pest Control Business License is required if pest control work for hire is done outside the scope of their structural pest control operator license.

## Mailing and Payment Instructions

Mail your application and payment to: Cashier, Department of Pesticide Regulation, P.O. Box 4015, Sacramento, California, 95812-4015. Include a check, money order, or completed VISA/MasterCard Transaction form made payable to the Cashier, Department of Pesticide Regulation, with your application. No coin or currency will be accepted.

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## Application Completion Instructions

The following instructions will help you complete this application:

- A. **Application Type.** Check one or more of the boxes in this section. (1) If you are a new applicant, check the "New Application" box; (2) If you are changing the name of your business, check the "Name Change" box (See section "C" below); (3) If you are changing your address, check the "Address Change" box; (4) If you are making any other type of change (e.g., change the business' qualified person), check the "Other" box and specify the type of change.
- B. **Business Information.** Please complete the information requested in this section. If you are changing your business name, enter your former business name in section "C". If there is a change in the business name or address, you must immediately notify the Director in writing. If the business name is other than your surname, you must submit a "Fictitious Business Name Statement: with your application. This statement may be obtained from the county clerk's office.
- C. **Former Business Name.** If your business name has changed, enter the former name in this section of the application.
- D. **Business Officers or Owners.** List the name, title, and mailing address of each of your business' officers and/or owners. If necessary, use an additional sheet of paper to complete this list. If there is a change in the business ownership or organization, the Director must be notified immediately in writing. A new application fee must be submitted for this change.

Each eligible employee must complete and submit the Statement of Verification (PR-PML-143) indicating he/she meets the criteria to become a maintenance gardener.

## Application Completion Instructions (continued)

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- E. ***Qualified Person.*** Each business must have a qualified person who possesses a valid Qualified Applicator Certificate/License with the maintenance gardener pest control category Q or landscape maintenance pest control category B to engage in the business of maintenance gardener pest control. The qualified person is responsible for supervising all pest control operations performed by the business. In this section, enter the name of each qualified person, Qualified Applicator Certificate/License Number, expiration date, and mailing address of location responsible. If necessary, use an additional Qualified Applicator Certificate/License Number, expiration date, and mailing address of location responsible. If necessary, use an additional sheet of paper to complete this list. If there is a change in the qualified person for the business, the Director must be notified immediately. There is no fee required for this change.
- F. ***Maintenance Gardener Pest Control Business Type.*** In this subsection indicate if your business is one of the following: Corporation; Partnership; Limited Liability Company; Limited Liability partnership; or Non-Profit Association.

If your business is a Corporation you must submit with your application, a current copy of the “Certificate of Good Standing”.

If your business is a Limited Liability Company or Limited Liability Partnership, you must submit with your application, a current copy of the “Articles of Organization”.

These certificates can be obtained for \$6.00 by writing to: Secretary of State,  
Attention: Certificate Department, 1500 11<sup>th</sup> Street, Sacramento, California, 95814-3510.

If your business name is other than your surname (i.e., last name) or if your business name is a partnership, you must submit a “Fictitious Business Name Statement with your application. This statement may be obtained from the county clerk’s office.

- G. ***Maintenance Gardener Pest Control Business Information.*** In this section indicate the type of maintenance gardener pest control work your business performs by checking the appropriate box(es).
- H. ***Liability Insurance.*** Each applicant for a Maintenance Gardener Pest Control Business License must demonstrate financial responsibility which meet the requirements of Section 6524 of Title 3 of the California Code of Regulations. NOTE: Coverage must include chemical liability. Financial responsibility is demonstrated by One of the following methods:
- (1) Filing with the Director, an approved certificate of Insurance certifying liability insurance coverage that meets the Department’s minimum requirements. This can be achieved by having your insurance carrier complete either the attached “Certificate of Insurance Requirements Statement” (PR-PML-173) must be completed by your insurance company and accompanied with their “Certificate of Insurance” in lieu of the Certificate of Insurance (PR-PML-052),
  - (2) In lieu of insurance or a certificate of deposit, the maintenance gardener may provide a “Liability Certificate Statement? (PR-PML-170) to the Director, under the penalty of perjury, that as to chemical property damage resulting from their pest control operations, you are financially able to respond to damages using your own personal assets, or,
  - (3) A certificate of Deposit that meets the Department’s minimum standards.

See the attached Financial Responsibility Options chart for specific coverage requirements. If you have any questions, please do not hesitate to call us.

- I. **Worker's Compensation Insurance.** Each applicant who is an employer as defined in Section 3300 of the Labor Code, is required to carry worker's compensation insurance. In this section of the application, enter the name of the worker's compensation insurance carrier, the policy number, and the policy expiration date.

### **Application Completion Instructions (continued)**

- J. **Application Fees.** Check the appropriate boxes in this section of the application. Indicate the total fees enclosed with the application.

The following Application Fee Schedule will assist you in determining the appropriate application fee:

Year Submitting Application	License Expiration Year <sup>1</sup>		New Application Fee	Branch Location Fee
	A - L			
2001	2002		\$100.00	\$100.00
2002	2002		\$ 50.00	\$ 50.00
2003	2004		\$100.00	\$100.00

Year Submitting Application	License Expiration Year <sup>2</sup>	New Application Fee	Branch Location Fee
	M - Z		
2001	2001	\$ 50.00	\$ 50.00
2002	2003	\$100.00	\$100.00
2003	2003	\$ 50.00	\$ 50.00

- K. **Read Before Signing.** Check the "Yes" box if you have had any administrative, civil or criminal action taken against you for any violation of any state or federal laws or regulations relating to the application of pesticides that resulted in disciplinary actions or in which disciplinary action is pending. If your answer yes, explain the circumstances of the disciplinary action.
- L. **Declaration/Signature Block.** Read the declaration; if you agree, sign and date the application. The owner or officer of the business must sign the declaration.

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<sup>1</sup> If your business name begins with A – L, the expiration date of the business license is on even-numbered years.

<sup>2</sup> If your business name begins with M – Z, the expiration date of the business license is on odd-numbered years.